DATENT ADDI ICATION FEE DETERMINATION DECOR									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003								10/788,758					
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
	OTAL OLABA		(Column 1) (Co			lumn 2) TYPE				OF		ENTITY	
TOTAL CLAIMS 20			ļ					RATE	FEE		RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	0 OF	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 m	20 minus 20=		* &		X\$ 9=	:	OF	X\$18=		
INDEPENDENT CLAIMS			3 m	3 minus 3 =		0		. X43=		OR	X86=		
Μl	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in column						column 2	ı	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER		
_		(Column 1)		(Column 2) (Column 3)				SMALI	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		<u>  =                                   </u>		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						f	. 1 45			.000		
1, 9, 14							L	+145=		OR	+290= TOTAL		
	10.1							DDIT. FEE	_	OR	ADDIT. FEE		
-		(Column 1) CLAIMS	i i	(Colum		(Column 3)	_		T .==-	<b>-</b>			
NDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		Ξ		X\$ 9=		OR	X\$18=		
AMEN	Independent	*	Minus	***		= .	F	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		┢	· · · · ·	<del>                                     </del>	100			
							L	+145=		OR	+290=		
							ΑI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								· ·	•			·	
S L		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOL PAID FO	R JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMEN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
7 h	Independent	*	Minus	sininir		=	-	X43=		1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR	700-2		
* 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** If	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20."									OR	TOTAL ODIT. FEE		
T	he "Highest Num	ber Previously Paid	id For IN I HIS I For (Total or	o SPACE is l Independent	ess thar t) is the	i 3, enter "3." highest number f		DIT. FEE	propriate bo				